

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015425

STATE FILE NUMBER

2 3906

FILED MAY 6 1959

Registration District No. Primary Registration District No.

Registrar No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                             |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY                                   |                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St Louis</b>                                                                                                                                                                                                                                                                                                                                        |                                  | c. CITY OR TOWN <b>Atchison</b>                                                                                                                             |                                                       |
| c. FULL NAME OF DECEASED <b>St Louis Little Rock Hosp Inc</b>                                                                                                                                                                                                                                                                                                                                                                  |                                  | d. STREET ADDRESS <b>1113 So 4th St</b>                                                                                                                     |                                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Albert</b> Middle <b>Abraham</b> Last <b>Mihm</b>                                                                                                                                                                                                                                                                                                                           |                                  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>18</b> Year <b>59</b>                                                                                         |                                                       |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                          | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct 6, 1903</b>                |
| 9. AGE (In years last birthday)<br><b>55</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 10. FUNDING YEAR<br>Months Days Hours Min.                                                                                                                  |                                                       |
| 10a. USUAL OCCUPATION (Give kind of work done)<br><b>Penitentiary Carpenter</b>                                                                                                                                                                                                                                                                                                                                                |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>                                                                                                        |                                                       |
| 11. BIRTHPLACE (City and state or country)<br><b>Kansas</b>                                                                                                                                                                                                                                                                                                                                                                    |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                               |                                                       |
| 13a. FATHER'S NAME<br><b>Simon Mihm</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Schneider</b>                                                                                                     |                                                       |
| 14. NAME OF HUSBAND OR WIFE<br><b>Nil.</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes W.W.#2</b>                           |                                                       |
| 16. SOCIAL SECURITY NO.<br><b>487,12,6264</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                  | 17. INFORMANT<br><b>Mrs. A.E. Kilkenny, Atchison, Kansas.</b>                                                                                               |                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Cor pulmonale</b><br>DUE TO (b) <b>Carcinoma of the rt. lung</b><br>DUE TO (c) <b>with metastasis to left lung &amp; bronchi</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>163x</b> |                                  |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 minutes</b> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                                       |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.                                                                                                                                                                                                                                                                                                                                                                      |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                    |                                                       |
| 20e. CITY, TOWN, OR LOCATION<br>COUNTY STATE                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE                                                                                                                |                                                       |
| 21. I attended the deceased from<br>Death occurred at <b>11:50 am</b> on <b>March 5, 59</b> and last saw her alive on <b>April 18, 1959</b>                                                                                                                                                                                                                                                                                    |                                  | 22. ADDRESS<br><b>1755 So Grand Blvd</b>                                                                                                                    |                                                       |
| 22a. SIGNATURE<br><b>Alfred E. Harts M.D.</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                  | 22b. DATE SIGNED<br><b>4/20/59</b>                                                                                                                          |                                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                                                                                    |                                  | 23b. DATE<br><b>4-21-59</b>                                                                                                                                 |                                                       |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Joseph's Cemetery</b>                                                                                                                                                                                                                                                                                                                                                             |                                  | 23d. LOCATION (City, town, or county)<br><b>Nortonville, Kansas.</b>                                                                                        |                                                       |
| 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 20 59</b>                                                                                                            |                                                       |
| 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith M.D.</b>                                                                                                                                                                                                                                                                                                                                                                            |                                  | 26. REGISTRAR'S SIGNATURE<br><b>m8c</b>                                                                                                                     |                                                       |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *Stanley S. DeLoe*

Licensed Embalmer No. *4993*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.